

# **EXHIBIT 3**

# **W.R. GRACE & CO. ASBESTOS MEDICAL MONITORING PROOF OF CLAIM FORM**

*The United States Bankruptcy Court for the District of Delaware  
In re: W.R. Grace & Co., et al., Debtors, Case No. 01-01139 (JKF)  
(Jointly Administered)*

## **SUBMIT COMPLETED CLAIMS TO:**

**Claims Processing Agent  
Re: W.R. Grace & Co. Bankruptcy  
PO Box 1620  
Faribault, MN 55021-1620**

**For a complete list of the Debtors in this case, please see "The Debtors" section of the *General Instructions for Completing Proof of Claim Forms*. The Debtors in this case are collectively referred to in this document as "Grace".**

**If you have a current claim against Grace for medical monitoring, but not personal injury, due to alleged significant exposure to hazardous asbestos fibers as a result of the acts or omissions of Grace, THIS ASBESTOS MEDICAL MONITORING PROOF OF CLAIM FORM MUST BE RECEIVED ON OR BEFORE 4:00 P.M. EASTERN TIME ON MARCH 31, 2003, or you will be forever barred from asserting or receiving payment for your claim.**

# INSTRUCTIONS FOR FILING THE W. R. GRACE & CO. ASBESTOS MEDICAL MONITORING PROOF OF CLAIM FORM

## WHO SHOULD USE THIS ASBESTOS MEDICAL MONITORING PROOF OF CLAIM FORM

1. This Asbestos Medical Monitoring Proof of Claim Form (referred to in this document as the "Form") applies only to claims being made against Grace by or on behalf of those who have not as of the Claim Bar Date suffered any personal injury but who are alleging that Grace wrongfully caused them to be significantly exposed to hazardous asbestos fibers, that this exposure significantly increased the claimant's risk of contracting a serious latent disease, that medical monitoring could reasonably be expected to result in early detection of the onset and mitigation of the severity of such disease, and that because of this exposure it is necessary for the claimant to be examined by a physician or receive medical testing more often than he or she otherwise would.
2. The Bar Date does not apply to Asbestos Personal Injury Claims, Settled Asbestos Claims or Zonolite Attic Insulation Claims. Those claims will be subject to a separate claim submission process and should not be filed at this time.
3. This form should not be used for claims for an Asbestos Property Damage Claim or a Non-Asbestos Claim. Instead, separate specialized proof of claim forms for these claims should be completed.
4. Please do not distribute this form to others. Please call the Claims Processing Agent at 1-800-432-1909 to request additional forms if they are needed.

### GENERAL INSTRUCTIONS

1. This form must be signed by the claimant or authorized agent of the claimant. THIS FORM MUST BE RECEIVED ON OR BEFORE 4:00 PM EASTERN TIME ON MARCH 31, 2003, or you forever will be precluded from asserting your claim(s) against or receiving payment from Grace. Return your completed form to the Claims Processing Agent, Re: W.R. Grace & Co. Bankruptcy, P.O. Box 1620, Faribault MN 55021-1620. If you are returning this form by mail, allow sufficient time so that this form is received on or before March 31, 2003. Forms that are postmarked before March 31, 2003 but received after March 31, 2003 will not be accepted. Only original forms will be accepted for filing. Forms transmitted by facsimile will not be accepted for filing.
2. If you cannot fit all information in any particular section or page, please make a copy of that page before filling it out and attach as many additional pages as needed.
3. This form must be filled out completely using BLACK or BLUE ink or may be typewritten.
  - Please print clearly using capital letters only.
  - Do not use a felt tip pen.
  - Skip a box between words.
  - Do not bend or fold the pages of the form.
  - Do not write outside of the boxes or blocks.
4. Because this form will be read by a machine, please print characters using the examples below. For optimum accuracy, please print in capital letters and avoid contact with the edge of the character boxes.
5. Mark check boxes with an "X" (example at right). NAME HERE
6. Be accurate and truthful. A Proof of Claim Form is an official court document that may be used as evidence in any legal proceeding regarding your claim. The penalty for presenting a fraudulent claim is a fine of up to \$500,000 or imprisonment for up to five years or both. 18 U.S.C. §§ 152 & 3571.
7. Make a copy of your completed Form to keep for your records. Send only original Forms to the Claims Agent at the following address: Claims Processing Agent, Re: W.R. Grace & Co. Bankruptcy  
P.O. Box 1620  
Faribault MN 55021-1620.
8. You will receive written notification of the proof of claim number assigned to this claim once it has been processed.

**PART I: CLAIMANT IDENTIFICATION****NAME:***First**Middle**Last***GENDER:** ☐ MALE ☐ FEMALE**SOCIAL SECURITY NUMBER:** -  - **BIRTH DATE:** -  - *Month Day Year***Residential Address:***Street Address**City**State**/Province**Zip Co.**/Postal**Country (if not U.S.)***Day Time Telephone** (  )  - *Area Code***PART II: ATTORNEY INFORMATION**

*If an attorney is representing this claimant or the representative of this claimant, complete this section.  
(You do not need to be represented by an attorney to submit a claim.)*

**Law Firm Name****Attorney Name***First**MI**Last***Mailing Address for Claim-Related Correspondence***Street Address**City**State**/Province**Zip Co.**/Postal**Country (if not U.S.)***Telephone Number** (  )  - *Area Code***Fax Number** (  )  - *Area Code***E-Mail Address**

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**PART III: Questions Applicable To Persons Claiming Exposure To  
Asbestos In The Libby, Montana Area (Lincoln County, Montana)**

**A. RESIDENCE/EMPLOYMENT INFORMATION**

1. Were you ever a resident of Lincoln County, Montana?

☐ Yes ☐ No

During what period of time? What was/were your residential address(es) during each such period of time?

Start Date

-

Month Year

End Date

-

Month Year

Residential Address:

Street Address

City

Zip Code  
/Postal Code

Start Date

-

Month Year

End Date

-

Month Year

Residential Address:

Street Address

City

Zip Code  
/Postal Code

Start Date

-

Month Year

End Date

-

Month Year

Residential Address:

Street Address

City

Zip Code  
/Postal Code

3847102

2020016



2. continued...

## 1. Employment Dates:

From

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Month Year

To

--	--	--	--	--	--

Month Year

## 2. Occupation:

description

## 3. Claimant's Employer

## 4. Employment Location:

Street Address

City

Zip Code  
/Postal Code

## 3. Were you or any member(s) of your household an employee of W.R. Grace while you lived in Lincoln County?

☐ Yes☐ No

## 4. If you were an employee of W.R. Grace, did you work:

## a. In the mining of vermiculite ore?

☐ Yes☐ No

If yes, during what time period? What jobs did you perform?

Start Date

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Month Year

End Date

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Month Year

## Occupation:

description

Continue on next page &gt;&gt;&gt;

4. continued...

**b. In the milling or screening of vermiculite ore?**

☒ Yes      ☐ No

**If yes, during what time period? What jobs did you perform?**

**Start Date**

Month → Year

**End Date**

**Occupation:**

[illegible]

*description*

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**c. In the vermiculite expansion plant?**

☐ Yes      ☐ No

**If yes, during what time period? What jobs did you perform?**

**Start Date****End Date**

Month      Year

**Occupation:**

[illegible]

*description*

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**d. If employed at any other W.R. Grace location, please specify. What jobs did you perform?**

**Site Name:**

[illegible]

Site Owner:

[illegible]

**Site Address:**

[illegible]

Street Address

[illegible]

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Zip Code  
/Postal Code

**Occupation:**

[illegible]

*description*

\_\_\_\_\_



**B. OTHER CLAIMS OR LITIGATION**

Have you ever brought or filed any worker's compensation claims against Grace?

☐ Yes ☐ No

If yes, answer this section.

1. Describe the injury for which you sought compensation.

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2. When was the claim filed? Date

Month	Year

3. What was the result of the claim?

- ☐
- Claim Paid
- ☐
- Pending
- 
- ☐
- Claim Denied
- ☐
- Other (please describe)

--

Have you ever filed any other claims or lawsuits against Grace?

☐ Yes ☐ No

If yes, answer this section.

1. Please describe the claim or lawsuit.

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2. When was the claim or lawsuit filed? Date

Month	Year

3. Where was the claim or lawsuit filed (court or other claims authority)?

Court or Claims Authority:

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Name

--

City

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State /Province

4. What was the result of the lawsuit or claim?

- ☐
- Judgement or Verdict Entered
- ☐
- Settled Not Paid
- ☐
- Other (please describe)
- 
- ☐
- Settled and Paid
- ☐
- Pending

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**Grace Employee Name:**

*First Name*

*Middle Name*

*Last Name*

From

Month \_\_\_\_\_ Year \_\_\_\_\_

To

Month Year

*description*

\_\_\_\_\_

[illegible]

*First Name*

*Middle Name*

*Last Name*

From

Month Year

To

Month \_\_\_\_\_ Year \_\_\_\_\_

*description*

[illegible]

**D. ZONOLITE ATTIC INSULATION EXPOSURE (LINCOLN COUNTY, MT)**

Do you or did you have Zonolite Attic Insulation in your home during any period of time in which you lived in Lincoln County?

☐ Yes ☐ No

Where was/is it located in your home? ☐ Attic ☐ Other (specify)

Did you personally install that insulation? ☐ Yes ☐ No

Has the Zonolite Attic Insulation ever been moved and/or disturbed by you?

☐ Yes ☐ No

If yes, specify when and in what manner the Zonolite Attic Insulation was moved and/or disturbed.

Date

Description

Month		Year							

For incidents in which the Zonolite Attic Insulation was moved and/or disturbed, how long did you stay in close proximity to the insulation after you disturbed it?

☐ Less than 1 hour    ☐ 5-8 hours  
☐ 1-4 hours        ☐ Other (please specify)

**E. ASBESTOS TESTING**

Has there ever been any testing or sampling for the presence of asbestos on the property at which you reside or resided in Lincoln County?

☐ Yes ☐ No

If yes, provide when, by whom, the type of testing or sampling, and the results (e.g. air, bulk and dust sampling).

If Yes, when?

Date:

Month		Day		Year					

Sample Location:

Who took the sample:

Sample results:

Continue on next page > > >

Date: \_\_\_\_\_

[illegible]

Month      Day      Year

**Sample Location:**

1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31	32	33	34	35	36	37	38	39	40	41	42	43	44	45	46	47	48	49	50	51	52	53	54	55	56	57	58	59	60	61	62	63	64	65	66	67	68	69	70	71	72	73	74	75	76	77	78	79	80	81	82	83	84	85	86	87	88	89	90	91	92	93	94	95	96	97	98	99	100	101	102	103	104	105	106	107	108	109	110	111	112	113	114	115	116	117	118	119	120	121	122	123	124	125	126	127	128	129	130	131	132	133	134	135	136	137	138	139	140	141	142	143	144	145	146	147	148	149	150	151	152	153	154	155	156	157	158	159	160	161	162	163	164	165	166	167	168	169	170	171	172	173	174	175	176	177	178	179	180	181	182	183	184	185	186	187	188	189	190	191	192	193	194	195	196	197	198	199	200	201	202	203	204	205	206	207	208	209	210	211	212	213	214	215	216	217	218	219	220	221	222	223	224	225	226	227	228	229	230	231	232	233	234	235	236	237	238	239	240	241	242	243	244	245	246	247	248	249	250	251	252	253	254	255	256	257	258	259	260	261	262	263	264	265	266	267	268	269	270	271	272	273	274	275	276	277	278	279	280	281	282	283	284	285	286	287	288	289	290	291	292	293	294	295	296	297	298	299	300	301	302	303	304	305	306	307	308	309	310	311	312	313	314	315	316	317	318	319	320	321	322	323	324	325	326	327	328	329	330	331	332	333	334	335	336	337	338	339	340	341	342	343	344	345	346	347	348	349	350	351	352	353	354	355	356	357	358	359	360	361	362	363	364	365	366	367	368	369	370	371	372	373	374	375	376	377	378	379	380	381	382	383	384	385	386	387	388	389	390	391	392	393	394	395	396	397	398	399	400	401	402	403	404	405	406	407	408	409	410	411	412	413	414	415	416	417	418	419	420	421	422	423	424	425	426	427	428	429	430	431	432	433	434	435	436	437	438	439	440	441	442	443	444	445	446	447	448	449	450	451	452	453	454	455	456	457	458	459	460	461	462	463	464	465	466	467	468	469	470	471	472	473	474	475	476	477	478	479	480	481	482	483	484	485	486	487	488	489	490	491	492	493	494	495	496	497	498	499	500	501	502	503	504	505	506	507	508	509	510	511	512	513	514	515	516	517	518	519	520	521	522	523	524	5
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**Who took the sample:**

[illegible]

**Sample results:**

\_\_\_\_\_

**PART IV: QUESTIONS APPLICABLE TO FORMER WORKERS AT W.R. GRACE  
EXPANSION PLANTS (OTHER THAN IN LIBBY, MONTANA)**

**Have you ever worked at a W.R. Grace vermiculite expansion plant other than in Libby, Montana?  
If yes, answer the questions in this Part.**

**Name of Plant:**

[illegible]

Plant Address:

[illegible]

Street Address

[illegible]

City

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State  
/Province

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Zip Code  
/Postal Code

**Employment Dates at this Plant:**

From

--	--	--	--	--

Month Year

To

--	--	--	--	--	--

Month Year

**Occupation at this Plant:**

[illegible]

Continue on next page >>>

[illegible][illegible][illegible]

14

[illegible]

To

1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31	32	33	34	35	36	37	38	39	40	41	42	43	44	45	46	47	48	49	50	51	52	53	54	55	56	57	58	59	60	61	62	63	64	65	66	67	68	69	70	71	72	73	74	75	76	77	78	79	80	81	82	83	84	85	86	87	88	89	90	91	92	93	94	95	96	97	98	99	100
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Month Year

Month Year

[illegible]

☐ Yes ☐ No

**1. Describe the injury for which you sought compensation.**

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Month Year

3. What was the result of the claim? ☐ Claim Paid ☐ Claim Denied ☐ Pending ☐ Other (please describe)

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## PART V: Questions Applicable to Persons Who Were Employed As Commercial Installers or Removers of Zonolite Attic Insulation

This section should be completed by claimants who allege significant exposure to Zonolite Attic Insulation as a result of installing or removing that product in residences while employed by insulation contractors or construction businesses.

Have you ever personally installed or removed Zonolite Attic Insulation as an employee of a commercial insulation business or other construction business?

☐ Yes ☐ No

If yes, answer the questions in this Part:

During what time period(s) did you install or remove Zonolite Attic Insulation?

From  
Month Year

To  
Month Year

From  
Month Year

To  
Month Year

From  
Month Year

To  
Month Year

List your employer(s) and job(s) and employment location(s) during each time period in which you installed or removed Zonolite Attic Insulation.

1. Employment dates:

From Month Year To Month Year

2. Occupation:

description

3. Employer's Name:

4. Employer's Address:

Street Address

City

Country (if not U.S.)

State  
/Province

Zip Code  
/Postal Code

List the percentage of time during that period that you personally installed or removed Zonolite Attic Insulation.

For each employer for whom you installed or removed Zonolite Attic Insulation, describe the protective equipment you used while working in proximity to the Zonolite Attic Insulation.

Percentage of time: Protective equipment used:

%

☐ respirator ☐ face mask ☐ special clothing ☐ other protective equipment ☐ none

Continue on next page >>>

## V. continued...

## 1. Employment dates:

From To  
 Month Year Month Year

## 2. Occupation:

description

## 3. Employer's Name:

## 4. Employer's Address:

Street Address

City

Country (if not U.S.)

State  
/ProvinceZip Code  
/Postal Code

List the percentage of time during that period that you personally installed or removed Zonolite Attic Insulation.  
 For each employer for whom you installed or removed Zonolite Attic Insulation, describe the protective equipment you used while working in proximity to the Zonolite Attic Insulation.

Percentage of time: Protective equipment used:

   %

☐ respirator ☐ face mask ☐ special clothing ☐ other protective equipment ☐ none

## 1. Employment dates:

From To  
 Month Year Month Year

## 2. Occupation:

description

## 3. Employer's Name:

## 4. Employer's Address:

Street Address

City

Country (if not U.S.)

State  
/ProvinceZip Code  
/Postal Code

List the percentage of time during that period that you personally installed or removed Zonolite Attic Insulation.  
 For each employer for whom you installed or removed Zonolite Attic Insulation, describe the protective equipment you used while working in proximity to the Zonolite Attic Insulation.

Percentage of time: Protective equipment used:

   %

☐ respirator ☐ face mask ☐ special clothing ☐ other protective equipment ☐ none







# **EXHIBIT 4**

Exhibit 4

# W.R. GRACE & CO. ASBESTOS PROPERTY DAMAGE PROOF OF CLAIM FORM

*The United States Bankruptcy Court for the District of Delaware  
In re: W.R. Grace & Co., et al., Debtors, Case No. 01-01139 (JKF)  
(Jointly Administered)*

## SUBMIT COMPLETED CLAIMS TO:

Claims Processing Agent  
Re: W.R. Grace & Co. Bankruptcy  
PO Box 1620  
Faribault, MN 55021-1620

For a complete list of the Debtors in this case, please see "The Debtors" section of the *General Instructions for Completing Proof of Claim Forms*. The Debtors in this case are collectively referred to in this document as "Grace".

If you have a current claim against Grace for property damage allegedly resulting from asbestos from a Grace product (*other than Zonolite Attic Insulation*), **THIS ASBESTOS PROPERTY DAMAGE PROOF OF CLAIM FORM MUST BE RECEIVED ON OR BEFORE 4:00 P.M. EASTERN TIME ON MARCH 31, 2003**, or you will be forever barred from asserting or receiving payment for your claim.

# INSTRUCTIONS FOR FILING THE W.R. GRACE & CO. ASBESTOS PROPERTY DAMAGE PROOF OF CLAIM FORM

## WHO SHOULD USE THIS ASBESTOS PROPERTY DAMAGE PROOF OF CLAIM FORM

1. This Asbestos Damage Proof of Claim Form (referred to in this document as the "Form") applies only to current claims made against Grace by or on behalf of parties who are alleging property damage with respect to asbestos in real property owned by the party (such person is referred to in this document as the "claiming party") from a Grace asbestos-containing product or as a result of one of Grace's vermiculite mining, milling, or processing facilities.
2. The Bar Date does not apply to Asbestos Personal Injury Claims, Settled Asbestos Claims or Zonolite Attic Insulation Claims. Those claims will be subject to a separate claim submission process and should not be filed at this time.
3. This form should not be used for Medical Monitoring Claims or Non-Asbestos Claims. Instead, separate specialized proof of claim forms for these claims should be completed.
4. If you are alleging current claims against Grace with respect to asbestos in more than one (1) real property, the claiming party should complete an Asbestos Property Damage Proof of Claim Form for each property. You may request additional forms by calling the Claims Processing Agent at 1-800-432-1909.

## GENERAL INSTRUCTIONS

1. This form must be signed by the claimant or authorized agent of the claimant. **THIS FORM MUST BE RECEIVED ON OR BEFORE 4:00 PM EASTERN TIME ON MARCH 31, 2003**, or you forever will be precluded from asserting your claim(s) against or receiving payment from Grace. Return your completed form to the Claims Processing Agent, Re: W.R. Grace & Co. Bankruptcy, P.O. Box 1620, Faribault, MN 55021-1620.  
If you are returning this form by mail, allow sufficient time so that this form is received on or before March 31, 2003. Forms that are postmarked before March 31, 2003 but received after March 31, 2003 will not be accepted. Only original forms will be accepted for filing. Forms transmitted by facsimile will not be accepted for filing.
2. If you cannot fit all information in any particular section or page, please make a copy of that page before filling it out and attach as many additional pages as needed.
3. If you are unable to provide any of the information required by the proof of claim form, please so specify, as well as provide a short statement describing why such information is unavailable. If you are in the process of obtaining such information at the time you file your proof of claim, please so advise and indicate that the same shall be provided when obtained.
4. This form must be filled out completely using **BLACK** or **BLUE** ink or may be typewritten.
  - Please print clearly using capital letters only.
  - Skip a box between words.
  - Do not write outside of the boxes or blocks.
  - Do not use a felt tip pen.
  - Do not bend or fold the pages of the form.
5. Because this form will be read by a machine, please print characters using the examples below. For optimum accuracy, please print in capital letters and avoid contact with the edge of the character boxes.
6. Mark check boxes with an "X" (example at right). X NAME HERE
7. Be accurate and truthful. A Proof of Claim Form is an official court document that may be used as evidence in any legal proceeding regarding your claim. The penalty for presenting a fraudulent claim is a fine of up to \$500,000 or imprisonment for up to five years or both. 18 U.S.C. §§ 152 & 3571.
8. Make a copy of your completed Form to keep for your records. Send only original Forms to the Claims Processing Agent at the following address: Claims Processing Agent, Re: W.R. Grace & Co. Bankruptcy  
PO Box 1620  
Faribault, MN 55021-1620.
9. You will receive written notification of the proof of claim number assigned to this claim once it has been processed.



**A. Real Property For Which A Claim Is Being Asserted**

1. What is the address of the real property for which a claim is being asserted (referred to herein as "the property")?

[illegible]

Street Address

[illegible]

City

[illegible]

Country

--	--

State

--	--	--	--	--

Zip Code

(Province) (Postal Code)

2. Are you completing an Asbestos Property Damage Proof of Claim Form for any other real property other than the one listed at "1" above?

☐ Yes      ☐ No

3. Do you currently own the property listed in Question 1, above?

☐ Yes      ☐ No

4. When did you purchase the property?

[illegible]

Month Day Year

5. What is the property used for (check all that apply)

☐ Owner occupied residence☐ Residential rental☐ Commercial☐ Industrial      Specify:

\_\_\_\_\_

☐ Other Specify:

\_\_\_\_\_

6. How many floors does the property have?

--	--	--

7. What is the approximate square footage of the property?

--	--	--	--	--	--	--	--

8. When was the property built?

☐ Before 1969

☐ 1969 - 1973

☐ After 1973

9. What is the structural support of the property?

☐ Wood frame

☐ Structural concrete

☐ Brick

☐ Steel beam/girder☐ Other Specify:

\_\_\_\_\_

10. Have you or has someone on your behalf completed any interior renovations on the property which affected any asbestos on the property?

☐ Yes      ☐ No

**A. Real Property For Which A Claim Is Being Asserted**

If yes, please specify the dates and description of such renovations.

--	--	--	--	--

Year

Description

--	--	--	--	--

Year

Description

--	--	--	--	--

Year

Description

11. To the best of your knowledge, have any other interior renovations been completed on the property during any other period of time which affected any asbestos on the property?

☐ Yes ☐ No

If yes, please specify the dates and descriptions of such renovations.

--	--	--	--	--

Year

Description

--	--	--	--	--

Year

Description

--	--	--	--	--

Year

Description

**B. Claim Category**

12. For which category are you making a claim on the property?

- ☐ Category 1: Allegation with respect to asbestos from a Grace product in the property  
☐ Category 2: Allegation with respect to one of Grace's vermiculite mining, milling or processing operations

- If you checked Category 1 in question 12, complete section C.  
 • If you checked Category 2 in question 12, complete section D.

**C. Category 1 Claim: Allegation With Respect To Asbestos From A Grace Product In The Property**

13. For what alleged asbestos-containing product(s) are you making a claim?

☐ Monokote-3 fireproofing insulation

☐ Other Specify:

(For a list of the brand names under which Grace manufactured products that may have contained commercially added asbestos, see Exhibit 2 to the Claims Bar Date Notice provided with this Proof of Claim Form.)

14. When did you or someone on your behalf install the asbestos containing product(s) in the property?

--	--	--	--	--

Year

☐ I did not install the product(s)

15. If you or someone on your behalf did not install the asbestos containing product(s), to the best of your knowledge, when was/were the product(s) installed?

--	--	--	--	--

Year

☐ Don't know.

16. Do you have documentation relating to the purchase and/or installation of the product in the property?

☐ Yes ☐ No

If Yes, attach all such documents. If the documents are too voluminous to attach, attach a summary of the documents indicating the name of each document, date of each document, a brief description of the document, the location of the document, and who has possession and control of the document.

If you provide a summary of documents rather than the documents themselves, you are required to consent to the production and release of those documents to Grace upon Grace's further request.

17. If you do not have any such documents, explain why not and indicate who may have possession or control of such documents with respect to the property.

18. When did you first know of the presence of asbestos in the property of the Grace product for which you are making this claim?

Year

Please attach all documents relating or referring to the presence of asbestos in the property for which you are making this claim. If the documents are too voluminous to attach, attach a summary of the documents indicating the name of each document, date of each document, a brief description of the document, the location of the document, and who has possession and control of the document.

If you provide a summary of documents rather than the documents themselves, you are required to consent to the production and release of those documents to Grace upon Grace's further request.

19. How did you first learn of the presence of asbestos in the property of the Grace product for which you are making this claim?

20. When did you first learn that the Grace product for which you are making this claim contained asbestos?

Year

21. How did you first learn that the Grace product for which you are making the claim contained asbestos?

22. Have you or someone on your behalf made an effort to remove, contain and/or abate the Grace product for which you are making this claim?

☐ Yes ☐ No

If Yes, attach all documents relating or referring to such efforts. If the documents are too voluminous to attach, attach a summary of the documents indicating the name of each document, date of each document, a brief description of the document, the location of the document, and who has possession and control of the document.

If you provide a summary of documents rather than the documents themselves, you are required to consent to the production and release of those documents to Grace upon Grace's further request.

23. If you do not have any such documents, explain why not and indicate who may have possession and control of such documents with respect to the property.

24. If you or someone on your behalf did not make an effort to remove, contain and/or abate the Grace product(s) for which you are making a claim, to the best of your knowledge, did anyone else make such an effort?

☐ Yes ☐ No

9276104

1020716



25. If you responded Yes to question 22. or 24. and you have not supplied documents, please specify the dates and descriptions of any such efforts.

Year				

Description

Year				

Description

Year				

Description

26. Have you or anyone on your behalf ever conducted any testing or sampling for the presence of asbestos or other particulates in the property?

☐ Yes☐ No**If Yes, Attach All Documents Related To Any Testing Of The Property.**

27. If you responded Yes to question 26., but you have not provided documents, indicate who may have possession or control of such testing documents or where such documents may be located.

--

28. If you or someone on your behalf did not conduct any testing or sampling for the presence of asbestos or other particulates on the property, to the best of your knowledge, did anyone else conduct such testing or sampling with respect to the property?

☐ Yes☐ No

29. If you responded Yes to question 26. or 28. and you have not supplied related documents, please describe when and by whom and the type of testing and/or sampling (e.g. air, bulk and dust sampling).

Year				

Company/Individual

Type of testing:

Year				

Company/Individual

Type of testing:

Year				

Company/Individual

Type of testing:

30. Has the Grace product or products for which you are making this claim ever been modified and/or disturbed?

☐ Yes☐ No

31. If yes, specify when and in what manner the Grace product or products was modified and/or disturbed?

Year				

Description

Year				

Description

Year				

Description

Category 2 Claim: Allegation With Respect To One of Grace's Vermiculite Milling Or Processing Operations

32

*Business Name*

Street Address

CityStateZip Code

(Province) (Postal Code)

Country

33

☐ Yes      ☐ No

34

Date of Birth

Month Day Year

Occupation(s) of Individual

### Dates Worked at Operation

From: 

--	--	--	--

 To: 

--	--	--	--

  
Year Year

**Date of Birth**

Month Day Year

Occupation(s) of Individual

### Dates Worked at Operation

From: 

--	--	--	--

 To: 

--	--	--	--

  
Year Year

Date of Birth

Month Day Year

Occupation(s) of Individual

### Dates Worked at Operation

From: 

--	--	--	--

 To: 

--	--	--	--

  
Year Year

Date of Birth

Month Day Year

Occupation(s) of Individual

**Dates Worked at Operation**

From: 

--	--	--	--

 To: 

--	--	--	--

  
Year Year

35

Year

36. How did you first learn of the presence of asbestos on your property?

Attach all documents relating or referring to the presence of asbestos on the property. If the documents are too voluminous to attach, attach a summary of the documents indicating the name of each document, date of each document, a brief description of the document, the location of the document, and who has possession or control of the document.

If you provide a summary of the documents rather than the documents themselves, you are required to consent to the attachment and release of those documents to Grace upon Grace's further request.

37. If you do not have any documents relating or referring to the presence of asbestos on the property, explain why not and indicate who may have possession or control of any such documents with respect to the property.

38. Have you or anyone on your behalf made an effort to remove, contain and/or abate the asbestos on your property?
- ☐ Yes ☐ No

If Yes, attach all documents relating or referring to such efforts. If the documents are too voluminous to attach, attach a summary of the documents indicating the name of each document, date of each document, a brief description of the document, the location of the document, and who has possession or control of the document.

If you provide a summary of the documents rather than the documents themselves, you are required to consent to the attachment and release of those documents to Grace upon Grace's further request.

39. If you do not have any documents relating or referring to the removal, containment and/or abatement of the asbestos on your property, explain why not and indicate who may have possession and control of such documents with respect to the property.

40. If you or someone on your behalf did not make an effort to remove, contain and/or abate the asbestos on your property, best of your knowledge, did anyone else make such an effort?

☐ Yes ☐ No

41. If you responded Yes to question 38. or question 40. and you have not supplied related documents, please specify the dates and descriptions of any such efforts.

--	--	--	--	--

Description

Year

--	--	--	--	--

Description

Year

--	--	--	--	--

Description

Year

42. Have you or anyone on your behalf conducted any other testing or sampling for the presence of asbestos on your property?

☐ Yes☐ No

If Yes, attach all documents relating or referring to such efforts. If the documents are too voluminous to attach, attach a summary of the documents indicating the name of each document, date of each document, a brief description of the document, the location of the document, and who has possession or control of the document.

If you provide a summary of the documents rather than the documents themselves, you are required to consent to the production and release of those documents to Grace upon Grace's further request.

43. If you do not have any documents relating or referring to any other such testing or sampling for the presence of asbestos on your property, explain why not and indicate who may have possession or control of such documents with respect to the property.

--

44. If you or someone on your behalf did not conduct any other testing or sampling for the presence of asbestos on your property, to the best of your knowledge, did anyone else conduct such testing or sampling?

☐ Yes☐ No

45. If you responded Yes to question 42. or question 44. and you have not supplied related documents, please specify the dates and descriptions of any such efforts.

--	--	--	--	--

Description

Year

--	--	--	--	--

Description

Year

--	--	--	--	--

Description

Year

46. Were you aware of the presence of asbestos on your property when you purchased your property?

☐ Yes☐ No

47. If you have sold the property, were you aware of the presence of asbestos on your property when you sold your property?

☐ Yes☐ No☐ Not Applicable, have not sold the property

## A. INTRODUCTION

1. Has any asbestos-related property damage lawsuit or claim been filed against Grace on behalf of this claiming party relating to the property for which you are making this claim?
- ☐ No
- ☐ Yes – lawsuit
- ☐ Yes – non-lawsuit claim (other than a workers' compensation claim)
2. Has any asbestos-related property damage lawsuit or claim been filed against any other party on behalf of this claiming party relating to the property for which you are making this claim?
- ☐ No
- ☐ Yes – lawsuit
- ☐ Yes – non-lawsuit claim (other than a workers' compensation claim)

*If an asbestos-related property damage lawsuit has been filed by or on behalf of this claiming party relating to the property for which you are making a claim, complete Section B. below.*

*If an asbestos-related property damage non-lawsuit claim has been made by or on behalf of this claiming party relating to the property for which you are making a claim, complete Section C. on the following page.*

## B. LAWSUITS

1. Please provide the following information about each asbestos-related property damage lawsuit which has been filed relating to the property for which you are making this claim or attach a copy of the face page of each complaint filed

a. Caption

\_\_\_\_\_

b. Court where suit originally filed:

[illegible]

Docket No.:

--	--	--	--	--	--

County/State

c. Date filed:

Month Day Year

a. Caption

[illegible]

b. Court where suit originally filed:

[illegible]

Docket No.:

--	--	--	--	--	--

County/State

c. Date filed:

The diagram illustrates the decomposition of a 2x2 grid into four 1x1 grids. It starts with a 2x2 grid on the left, which is split into two 2x1 grids in the middle. These two 2x1 grids are then further split into four 1x1 grids on the right.

Month Day Year

a. Caption

\_\_\_\_\_

b. Court where suit originally filed:

[illegible]

Docket No.:

--	--	--	--	--	--

County/State

c. Date filed:

Month Day Year

(Attach additional pages if necessary.)

**NON-LAWSUIT CLAIMS**

1. If the claiming party has made any claims relating to the property for which you are making a claim (including administrative claims) against anyone, that was not filed with a court of law, please provide the following information for each claim:

a. Description of claim:

b. Date submitted:

Month	Day	Year
-------	-----	------

c. Name of entity to whom claim was submitted:

☐ Grace

☐ Other

Name of Entity

a. Description of claim:

b. Date submitted:

Month	Day	Year
-------	-----	------

c. Name of entity to whom claim was submitted:

☐ Grace

☐ Other

Name of Entity

a. Description of claim:

b. Date submitted:

Month	Day	Year
-------	-----	------

c. Name of entity to whom claim was submitted:

☐ Grace

☐ Other

Name of Entity

**PART 5: SIGNATURE PAGE**

All claims must be signed by the claiming party.

I have reviewed the information submitted on this proof of claim form and all documents submitted in support of my claim. I declare, under penalty of perjury,\* that the above statements are true, correct, and not misleading.

CONSENT TO RELEASE OF RECORDS AND INFORMATION: To the extent that I have produced a summary rather than the documents themselves as requested above or indicated who has possession and control of certain documents, I hereby authorize and request that all other parties with custody of any documents or information concerning my property damage or the information contained in this Form, upon the reasonable request of Grace or Grace's representative, with a copy to the claiming party, disclose any and all records to Grace or to Grace's representative.

SIGNATURE OF CLAIMANT

Month	Day	Year
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\*The penalty for presenting a fraudulent claim is a fine up to \$500,000.00 or imprisonment up to 5 years, or both.  
18 U.S.C. §§ 152 & 3571.

9276110

1020716

*W.R. Grace & Co. et al**Service list for requests from 06/12/2002 to 10/08/2002*

00000017  
JOY HAYNES  
c/o LIEFF CABRASER HEIMANN & BERNSTEIN  
275 BATTERY STREET  
SAN FRANCISCO, CA 94111

06/12/2002

Property: 0020  
Medical: 0020  
Non-asbestos: 0020  
Notice: 0020

00000031  
SHERRY FALLON  
c/o TYBOUT, REDFEARN & PELL  
300 DELWARE AVE 11TH FLOOR  
PO BOX 2092  
WILMINGTON, DE 19899

06/12/2002

Non-asbestos: 0003  
Notice: 0003

00000055  
JEFF MARSCHNER  
c/o CALIFORNIA DEPT. OF GENERAL SERVICES  
707 THIRD STREET, 7TH FLOOR  
SACRAMENTO, CA 95605

06/12/2002

Property: 0005  
Notice: 0001

00000079  
TRINA GRIMSLEY  
PO DRAWER 1419  
COLUMBIA, SC 29202

06/12/2002

Non-asbestos: 0001  
Notice: 0001

00000093  
RICHARD L. STOPER JR  
c/o ROTATORI, BENDER, GRAGEL, STOPER & ALEXANDER  
800 LEADER BUILDING  
526 SUPERIOR AVENUE  
CLEVELAND, OH 44114

06/12/2002

Property: 0001  
Notice: 0001

00000123  
RONALD HULL  
c/o UNDERBERG & KESSLER LLP  
1800 CHASE SQUARE  
ROCHESTER, NY 14604

06/12/2002

Non-asbestos: 0002  
Notice: 0001

00000024  
CRAIG YUREK  
PO BOX 2411  
KALISPELL, MT 59903

06/12/2002

Property: 0001  
Medical: 0001  
Notice: 0001

00000048  
CHRISTEL GRIFFIN  
c/o CASCINO VAUGHAN LAW OFFICES LTD  
220 SOUTH ASHLAND AVENUE  
CHICAGO, IL 60607

06/12/2002

Medical: 0005  
Notice: 0001

00000062  
PETER GOODMAN  
c/o ANDREWS & KURTH LLP  
805 THIRD AVENUE, 7TH FLOOR  
NEW YORK, NY 10022

06/12/2002

Non-asbestos: 0005  
Notice: 0001

00000086  
CHARLES DOTSON  
512 E LINCOLN BLVD  
LIBBY, MT 59923

06/12/2002

Property: 0004  
Medical: 0004  
Notice: 0001

00000116  
COMMONWEALTH ALUMINUM CONCAST  
c/o TAFT, STETTINIUS & HOLLISTER LLP  
1800 FIRSTSTAR TOWER  
425 WALNUT ST  
CINCINNATI, OH 45202-3957

06/12/2002

Non-asbestos: 0003  
Notice: 0003

00000130  
DELILA WEBSTER  
1069 PINEMEADOW DR.  
GARDENDALE, AL 35071

06/12/2002

Medical: 0001  
Notice: 0001

*W.R. Grace & Co. et al**Service list for requests from 06/12/2002 to 10/08/2002*

00000147  
JOHN VERMAES  
PO BOX 32227  
TUCSON, AZ 85751  
06/12/2002

Non-asbestos: 0001  
Notice: 0001

00000178  
RAY STOUT  
214 E 3RD ST APT 1  
LIBBY, MT 59923  
06/12/2002

Medical: 0001  
Notice: 0001

00000192  
JEFF MARSCHNER  
c/o CALIFORNIA DEPARTMENT OF GENERAL SERVICES  
OFFICE OF LEGAL SERVICES  
707 THIRD STREET, 7TH FLOOR  
WEST SACRAMENTO, CA 95605  
06/12/2002

Property: 0005  
Notice: 0002

00000215  
REQUESTOR  
114 NE 16TH COURT  
DELRAY BEACH, FL 33444  
06/12/2002

Non-asbestos: 0001  
Notice: 0001

00000239  
SYLVIA SERANO  
DEBT ACQUISITION  
2120 W WASHINGTON ST  
SAN DIEGO, CA 92110  
06/12/2002

Property: 0001  
Medical: 0001  
Non-asbestos: 0001  
Notice: 0001

00000253  
JACK WOLTER  
c/o KOOTENAI DEVELOPMENT CO  
73043 MONTERRA CIRCLE NORTH  
PALM DESERT, CA 92260  
06/12/2002

Non-asbestos: 0002  
Notice: 0002

00000154  
JODY PRICE  
2329 BETTY LN  
VICTOR, MT 59875-9875  
06/12/2002

Medical: 0001  
Non-asbestos: 0001  
Notice: 0001

00000185  
ED KERR  
1308 EVANGELINE ST  
DEARBORN HEIGHTS, MI 48127  
06/12/2002

Property: 0001  
Notice: 0001

00000208  
REQUESTOR  
214 E. 3RD ST. NO. 1  
LIBBY, MT 59923-2056  
06/12/2002

Medical: 0001  
Notice: 0001

00000222  
JEFF DAVIS  
c/o LAW FIRM OF JEFF DAVIS  
1001 MCKINNEY ST SUITE 500  
HOUSTON, TX 77002  
06/12/2002

Property: 0001  
Medical: 0001  
Non-asbestos: 0001  
Notice: 0001

00000246  
MARK BREGMAN  
4720 THATCHWOOD DR  
MANLIUS, NY 13104  
06/12/2002

Property: 0001  
Medical: 0001  
Notice: 0001

00000260  
CHRIS FOARD  
c/o W.R. GRACE  
7500 GRACE DRIVE  
COLUMBIA, MD 21044  
06/18/2002

Property: 0100  
Medical: 0100  
Non-asbestos: 0100  
Notice: 0001



*W.R. Grace & Co. et al**Service list for requests from 06/12/2002 to 10/08/2002*

00000277  
CHARLES WALL  
403 HUME BLVD  
LANSING, MI 48917  
06/18/2002

Property: 0001  
Medical: 0002  
Non-asbestos: 0001  
Notice: 0002

00000291  
MELINDA MALEC  
5220 DELETT AVE  
GULFPORT, FL 33707  
06/18/2002

Property: 0002  
Notice: 0001

00000314  
LAWRENCE NIEHUSS  
PO BOX 886  
MONROEVILLE, AL 36461-0886  
06/18/2002

Property: 0001  
Notice: 0001

00000338  
BERNARD FRYSHMAN  
1016 E 2ND ST  
BROOKLYN, NY 11230-1230  
06/18/2002

Property: 0001  
Notice: 0001

00000352  
ROB NEILS  
1005 N PINES RD 250 STE  
SPOKANE, WA 99206-9206  
06/18/2002

Property: 0001  
Medical: 0001  
Notice: 0001

00000376  
JAMES SMITH  
795 GILLETTE RD  
COLVILLE, WA 99114-9114  
06/18/2002

Property: 0001  
Non-asbestos: 0001  
Notice: 0001

00000284  
CAROL ARMSTRONG  
c/o KLAMANN & HUBBARD  
7101 COLLEGE BLVD STE 120  
OVERLAND PARK, KS 66210  
06/18/2002

Property: 0001  
Medical: 0001  
Non-asbestos: 0001  
Notice: 0001

00000307  
ROB NEILS  
1005 N. PINES RD. STE. 250  
SPOKANE, WA 99206  
06/18/2002

Medical: 0004  
Non-asbestos: 0004  
Notice: 0001

00000321  
ROBERT PIERCE  
2437 S LOTUS AVE  
FRESNO, CA 93706-3706  
06/18/2002

Non-asbestos: 0001  
Notice: 0001

00000345  
LAUREN KUJAWA  
712 WISCONSIN AVE  
LIBBY, MT 59923-9923  
06/18/2002

Property: 0001  
Notice: 0001

00000369  
GEORGE BOYD  
1787 ADLIN CT  
EAST MEADOW, NY 11554-1554  
06/18/2002

Medical: 0001  
Notice: 0001

00000383  
LINDA DOZIER  
118 LANSDOWNE BLVD  
YOUNGSTOWN, OH 44506-4506  
06/18/2002

Medical: 0001  
Non-asbestos: 0001  
Notice: 0001

*W.R. Grace & Co. et al**Service list for requests from 06/12/2002 to 10/08/2002*

00000406  
TERRY CARLSON  
PO BOX 1041  
MALTA, MT 59538-1041  
06/18/2002

Property: 0001  
Notice: 0001

00000437  
CITY OF CAMBRIDGE  
c/o ANDERSON & KREIGER LLP  
43 THORNDIKE ST  
CAMBRIDGE, MA 02141-1764  
06/18/2002

Property: 0001  
Medical: 0001  
Non-asbestos: 0001  
Notice: 0001

00000451  
NATHALIE DANSEREAU  
c/o NATHALIE RIEL  
AFFECTATION NOUVELLES  
1400 BLVD RENE-LEVESQUE EAST  
MONTREAL, PQ H2L2M2  
06/18/2002

Property: 0001  
Medical: 0001  
Non-asbestos: 0001  
Notice: 0001

00000475  
MICHELLE TUKACHINSKY  
196 CROOKED STATE COURT  
HOWELL, NJ 07731  
06/18/2002

Notice: 0001

00000499  
MELVIN JACOBS  
13140 PARKVIEW ESTATES RD  
DADE CITY, FL 33525  
06/18/2002

Property: 0001  
Medical: 0001  
Non-asbestos: 0001  
Notice: 0001

00000529  
JOANNE BOUCHER  
1368 CHAMBERY  
MASCOUCHE, PQ G7K2B8  
06/24/2002

Property: 0002  
Medical: 0002  
Non-asbestos: 0002  
Notice: 0002

00000420  
JOYCE HILL  
313 EVERGREEN DR  
VICKSBURG, MS 39180  
06/18/2002

Property: 0001  
Medical: 0001  
Non-asbestos: 0001  
Notice: 0001

00000444  
NANCY FRYE  
17340 ANTHONY AVE  
LAKE ELSINORE, CA 92530  
06/18/2002

Property: 0001  
Medical: 0001  
Notice: 0001

00000468  
KELLY DUNCAN  
15401 SE 275TH ST  
KENT, WA 98042  
06/18/2002

Notice: 0001

USA

CANADA

00000482  
STEVE HAMILTON  
19766 EAST IDA LANE  
GROSSE POINTE WOODS, MI 48236  
06/18/2002

Property: 0001  
Notice: 0001

USA

00000505  
KIM VUKHAC  
11 MADISON AVE 6TH FLOOR  
NY, NY 10010  
06/18/2002

Notice: 0001

USA

*W.R. Grace & Co. et al**Service list for requests from 06/12/2002 to 10/08/2002*

00000536  
JUDITH TWEEDY  
c/o RICHARD E WHITE, CHARTERED  
ATTY AT LAW  
1003 CHESTNUT PO BOX 1000  
MURPHYSBORO, IL 62966  
06/24/2002

Property: 0001  
Medical: 0001  
Non-asbestos: 0001  
Notice: 0002

00000550  
WILLIAM KEMP  
3406 HORIZONS BEND  
PORTAL, GA 30450  
06/24/2002

Property: 0001  
Medical: 0001  
Notice: 0001

USA

00000543  
AZAM NADER  
PO BOX 29537  
BELLINGHAM, WA 98228  
06/24/2002

Property: 0002  
Notice: 0001

USA

00000567  
DENISE HUTSON  
907 7TH STREET  
RICHMOND, CA 94801  
06/24/2002

Medical: 0001  
Notice: 0001

00000574  
JOHN LEININGER  
1157 LAFOND AVE  
ST. PAUL, MN 55104  
06/24/2002

Property: 0001  
Notice: 0001

USA

00000581  
ANNE MARIE GENDRON  
4275 BORDEAUX ST APT 2  
MONTREAL QUEBEC, H2H1Z4  
06/24/2002

Property: 0001  
Medical: 0001  
Non-asbestos: 0001  
Notice: 0001

CANADA

00000598  
FRANCES HIGGINS  
202 MARKHAM STREET  
MIDDLETOWN, CT 06457  
06/24/2002

Property: 0002  
Medical: 0002  
Non-asbestos: 0002  
Notice: 0001

00000604  
THE PRUDENTIAL INSURANCE COMPANY OF AMERICA  
751 BROAD STREET  
NEWARK, NJ 07102  
06/24/2002

Property: 0001  
Medical: 0001  
Non-asbestos: 0001  
Notice: 0001

00000611  
RIKER DANZIG SCHERER HYLAND & PERRETTI  
50 WEST STATE STREET  
SUITE 1010  
TRENTON, NJ 08608  
06/24/2002

Property: 0001  
Medical: 0001  
Non-asbestos: 0001  
Notice: 0001

00000635  
JOSEPH F QUIRK  
52 ELMORE ROAD  
HINGHAM, MA 02043  
06/24/2002

Property: 0007  
Medical: 0001  
Notice: 0001

00000659  
JAMES BROCK  
300 NORTH COLLEGE STREET  
CEDARTOWN, GA 30125  
06/24/2002

Non-asbestos: 0002  
Notice: 0001

00000673  
WILLIE WOOTEN  
752 EAST 36TH STREET  
BALTIMORE, MA 21218  
06/24/2002

Medical: 0001  
Notice: 0001

*W.R. Grace & Co. et al**Service list for requests from 06/12/2002 to 10/08/2002*

00000710  
GAIL GARROD  
c/o PEPPER HAMILTON  
300 ALEXANDER PARK CN 5276  
PRINCETON, NJ 08543-5276

06/24/2002

Property: 0005  
Medical: 0005  
Non-asbestos: 0005  
Notice: 0005

00000765  
REBECCA HYDE  
6315 NAMON WALLACE DR.  
CUMMING, GA 30040

USA

06/24/2002

Property: 0001  
Medical: 0001  
Non-asbestos: 0001  
Notice: 0001

00000857  
TONY WILKINSON  
3025 ELLIS ST  
BERKELEY, CA 94703

06/24/2002

Non-asbestos: 0001  
Notice: 0001

00000871  
SHANE OVERCAST  
3508 BUFORD CUTOFF  
MOU, AR 72653

06/24/2002

Medical: 0001  
Non-asbestos: 0001  
Notice: 0001

00000895  
JAMES MARTIN  
8828 EAST PLAIN DRIVE  
MASON, OH 45040

06/24/2002

Property: 0002  
Notice: 0002

00000918  
WILLIE MURRY  
910 FRANCONIA ROAD  
ALICEVILLE, AL 35442

06/24/2002

Property: 0003  
Medical: 0003  
Non-asbestos: 0003  
Notice: 0001

00000741  
WILLIAM & GERALDINE DHUYVETTERS  
2015 PARK RD  
EASTON, PA 18045-2242

USA

06/24/2002

Property: 0001  
Medical: 0002  
Non-asbestos: 0001  
Notice: 0001

00000840  
MARLENE MAHEU  
6987 RIDGE MANOR AVENUE  
SAN DIEGO, CA 92103

06/24/2002

Property: 0001  
Medical: 0001  
Notice: 0001

00000864  
VERNEAL H EASON JR  
5978 HWY 258 SO  
DEEP RUN, NC 28525

06/24/2002

Medical: 0001  
Non-asbestos: 0001  
Notice: 0001

00000888  
ELIZABETH DUDLEY-SANDERS  
5800 MCWAIN DR.  
BESSEMER, AL 35022-7515

06/24/2002

Medical: 0001  
Non-asbestos: 0001  
Notice: 0001

00000901  
MYRON BUTLER  
4253 HOFFMAN AVENUE  
SPRING HILL, FL 34606

06/24/2002

Property: 0002  
Medical: 0002  
Notice: 0001

00000925  
GEORGE WEBSTER  
1392 CHARLAND AVE.  
COQUITLAM, BC 00000

CANADA

06/24/2002

Medical: 0001  
Notice: 0001

*W.R. Grace & Co. et al**Service list for requests from 06/12/2002 to 10/08/2002*

00000932  
MATT TABASKA  
30 LEO BLVD  
WASAGA BEACH, ON 00000  
06/24/2002

Medical: 0001  
Notice: 0001

CANADA

00000949  
CHRIS GREENWALT  
250 SOUTH REYNOLDS STREET #410  
ALEXANDRIA, VA 22304  
06/24/2002

Property: 0001  
Medical: 0001  
Non-asbestos: 0001  
Notice: 0001

00000956  
CHRIS GREENWALT  
250 SOUTH REYNOLDS STREET #410  
ALEXANDRIA, VA 22304  
06/24/2002

Property: 0001  
Medical: 0001  
Non-asbestos: 0001  
Notice: 0001

00000963  
ELLA COLEY  
202 GROTTO BLVD  
SAN ANTONIO, TX 78216-6618  
06/24/2002

Property: 0001  
Non-asbestos: 0001  
Notice: 0001

00000970  
LLOYD SILVER  
2300 W 70TH TERRACE  
MISSION HILLS, KS 66208  
06/24/2002

Property: 0002  
Medical: 0002  
Notice: 0001

00000987  
TERRY MCALISTER  
6525 SE 92ND AVE PORTLAND OR  
PORTLAND, OR 97266  
06/24/2002

Property: 0001  
Notice: 0001

00000994  
GORDON ADAMS  
RR2 LISTOWEL  
LISTOWEL, ON 00000  
06/24/2002

Medical: 0001  
Notice: 0001

CANADA

00001007  
RICHARD OTTOBRE  
720 JUNE LEE STREET  
ELLWOOD CITY, PA 16117  
06/24/2002

Property: 0001  
Medical: 0001  
Non-asbestos: 0001  
Notice: 0001

00001014  
HORACE PRINE  
3021 ELMWOOD ST  
SARASOTA, FL 34234  
06/24/2002

Property: 0002  
Medical: 0002  
Non-asbestos: 0002  
Notice: 0001

00001021  
PETER AMOUR  
34 UNIVERSITY TERRACE  
BURLINGTON, VT 05401  
06/24/2002

Property: 0003  
Non-asbestos: 0001  
Notice: 0001

00001038  
MICHAEL HAMEL  
29415 CAMBRIDGE  
FLAT ROCK, MI 48134  
06/24/2002

Property: 0001  
Medical: 0001  
Non-asbestos: 0001  
Notice: 0001

00001045  
MICHAEL HAMEL  
29415 CAMBRIDGE  
BROWNSTOWN, MI 48134  
06/24/2002

Property: 0001  
Medical: 0001  
Non-asbestos: 0001  
Notice: 0001

***W.R. Grace & Co. et al****Service list for requests from 06/12/2002 to 10/08/2002*

00001052  
ELIZABETH DIONNE  
43 BOW STRRET  
MANCHESTER, NH 03103-6722  
06/24/2002

Property: 0001  
Notice: 0001

00001076  
GERDA AND PETER ET AL LINDNER  
1860 CIDER MILL ROAD  
UNION, NJ 07083  
06/24/2002

Property: 0004  
Medical: 0004  
Non-asbestos: 0004  
Notice: 0004

00001090  
ROBERT MATTHEWS  
13536 124 A. AVE  
EDMONTON ALBERTA, NA 00000  
06/24/2002

Property: 0002  
Notice: 0001

CANADA

00001069  
PETER LINDNER  
1 IRVING PLACE, APT. G-23-C  
NY, NY 10003  
06/24/2002

Property: 0002  
Medical: 0002  
Non-asbestos: 0002  
Notice: 0002

00001083  
JOHN BONNELL  
BOX 346  
BIRTLE, MB 00000  
06/24/2002

Medical: 0001  
Non-asbestos: 0001  
Notice: 0001

CANADA

00001106  
VINCENT MODZELESKI  
1618 JAMES DR.  
CARLSBAD, CA 92008  
06/24/2002

Property: 0010  
Notice: 0001

00001113  
JACOB KAPEL  
815 NO. KILKEA DRIVE  
LOS ANGELES, CA 90046  
06/24/2002

Property: 0001  
Medical: 0002  
Notice: 0001

00001120  
LINDA BROWN  
P O BOX 1994  
LUMBERTON, NC 28359  
06/24/2002

Property: 0001  
Non-asbestos: 0001  
Notice: 0001

00001137  
RALPH HECHTER  
1020-10117 JASPER AVE NW  
EDMONTON, AB 00000  
06/24/2002

Property: 0002  
Medical: 0002  
Notice: 0002

CANADA

00001144  
BAKUL MODI  
101 TRAIL BEND CT  
CARY, NC 27513  
06/24/2002

Property: 0003  
Notice: 0003

00001151  
SAMUEL KALILIKANE  
87-204 KAHAU ST.  
WAIANAE, HI 96792  
06/24/2002

Property: 0001  
Medical: 0001  
Non-asbestos: 0001  
Notice: 0001

00001168  
JOSE CORCUERA  
327 N.EOLA DR.  
WALNUT, CA 91789  
06/24/2002

Property: 0001  
Notice: 0001

*W.R. Grace & Co. et al**Service list for requests from 06/12/2002 to 10/08/2002*

00001175  
 ERNEST BOUCHARD  
 5349 BROADWATER LN  
 CLARKSVILLE, MD 21029  
 06/24/2002

Property: 0002  
 Notice: 0001

00001182  
 GUS AAMOT  
 9308 86ST NW  
 EDMONTON, AB 00000  
 06/24/2002

Medical: 0001  
 Notice: 0001

CANADA

00001199  
 KELLY KOT  
 7508-75 STREET  
 EDMONTON, AB 12345  
 06/24/2002

Medical: 0010  
 Notice: 0001

CANADA

00001205  
 CHASON WILL  
 c/o CHASON & CHASON  
 P.O. BOX 100  
 BAY MINETTE, AL 36507  
 06/24/2002

Property: 0001  
 Notice: 0001

00001212  
 ROBERT SLOMSKI ESQ.  
 c/o LINCOLN COUNTY ATTORNEY'S OFFICE  
 P.O. BOX 391  
 LIBBY, MT 59923-0391  
 06/24/2002

Medical: 0002  
 Notice: 0001

00001229  
 ERNIE RICARD  
 12005 62ST EDMONTON ALBERTA  
 EDMONTON, AB 00000  
 06/24/2002

Medical: 0001  
 Notice: 0001

CANADA

00001236  
 MARCUS HAIR JR.  
 9180 GIP ROAD  
 FAYETTEVILLE, NC 28301  
 06/24/2002

Medical: 0001  
 Notice: 0001

00001243  
 PETER EUTENEUER  
 c/o POTRERO HEIGHTS APARTMENTS  
 740 RHODE ISLAND ST. #418  
 SAN FRANCISCO, CA 94107  
 06/24/2002

Property: 0002  
 Notice: 0001

00001250  
 MARTIN PESTREICH  
 955 EAST 163RD STREET  
 BRONX, NY 10459  
 06/24/2002

Property: 0001  
 Notice: 0001

00001267  
 D GREEN  
 241 SEIDEL ST  
 READING, PA 19606-2820  
 06/24/2002

Property: 0001  
 Medical: 0001  
 Notice: 0002

00001274  
 MARION JOHNSON  
 10008 FLINTRIDGE AVE.  
 MOSS POINT, MS 39562  
 06/24/2002

Property: 0001  
 Medical: 0001  
 Non-asbestos: 0001  
 Notice: 0001

00001281  
 RUSSELL JOHNSON  
 10008 FLINTRIDGE AVE.  
 MOSS POINT, MS 39562-1298  
 06/24/2002

Property: 0001  
 Medical: 0001  
 Non-asbestos: 0001  
 Notice: 0001

***W.R. Grace & Co. et al******Service list for requests from 06/12/2002 to 10/08/2002***

00001298  
MARION JOHNSON  
c/o JOHNSON ELECTRIC INC.  
P. O. BOX 1298  
ESCATAWPA, MS 39552-1298  
06/24/2002

Property: 0001  
Medical: 0001  
Non-asbestos: 0001  
Notice: 0001

00001304  
ROXANNE MORGAN  
3297 METRIC DRIVE  
LAKE CHARLES, LA 70665  
06/24/2002

Non-asbestos: 0003  
Notice: 0001

00001311  
MARC SENDEROWITZ  
c/o WISEBROD / ZELIGER ASSOCIATES  
245 FAIRVIEW MALL DRIVE, SUITE 510  
TORONTO, ONTARIO, \*\* 00000  
06/24/2002

Property: 0003  
Medical: 0001  
Notice: 0001

CANADA

00001328  
MARC SENDEROWITZ  
c/o WISEBROD / ZELIGER ASSOCIATES  
245 FAIRVIEW MALL DRIVE, SUITE 510  
TORONTO, ONTARIO, \*\* 00000  
06/24/2002

Property: 0003  
Medical: 0001  
Notice: 0001

CANADA

00001335  
NORMAND ARCHAMBAULT  
6406 DAGENAIS  
MONTREAL, PQ 00000  
06/24/2002

Property: 0001  
Medical: 0001  
Non-asbestos: 0001  
Notice: 0001

CANADA

00001342  
FRED W. HINSCH  
5571 GARRATT CRT.  
RICHMOND, B.C., CD 00000  
06/24/2002

Property: 0001  
Medical: 0001  
Non-asbestos: 0001  
Notice: 0001

CANADA

00001359  
JAMES AQBRAMS  
1041 E. 78TH STREET  
CHICAGO, IL 60619  
06/24/2002

Property: 0002  
Medical: 0002  
Notice: 0001

00001366  
RANDY FULLMER  
3312 POLK AVE  
SAN DIEGO, CA 92104  
06/24/2002

Property: 0001  
Notice: 0001

00001373  
MICHAEL WOOTEN  
7255 CARLYLE AVENUE  
ST LOUIS, MO 63130-1835  
06/24/2002

Medical: 0001  
Notice: 0001

00001380  
JEANNY BILBREY  
486 SYCAMORE  
LINDSAY, CA 93247  
06/24/2002

Property: 0001  
Medical: 0001  
Notice: 0001

TULARE

00001397  
JEANNY BILBREY  
486 SYCAMORE  
LINDSAY, CA 00000  
06/24/2002

Notice: 0001

00001403  
J&R INVESTMENTS R. RUTKOWSKI  
2330 BRICKVALE DR.  
ELK GROVE VILLAGE, IL 60007  
06/24/2002

Property: 0001  
Non-asbestos: 0001  
Notice: 0001



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00001410  
RONALD RUTKOWSKI  
8051 NICKS LANE  
EAGLE RIVER, WI 54521  
06/24/2002

Property: 0001  
Non-asbestos: 0001  
Notice: 0001

00001434  
WILLIAM OLSON  
c/o OLSON LAW OFFICES  
4510 REGENT STREET  
MADISON, WI 53705  
06/24/2002

Property: 0002  
Medical: 0005  
Non-asbestos: 0002  
Notice: 0001

00001458  
ALAN RAMSAY  
10576 - 104 STREET  
EDMONTON, ALBERTA, AB 00000  
06/24/2002

Medical: 0010  
Notice: 0001

00001472  
LARRY ELLBERGER  
23 FAWN DRIVE  
LIVINGSTON, NJ 07039  
06/24/2002

Non-asbestos: 0001  
Notice: 0001

00001496  
WILLIAM J. LETTS  
425 ERIE AVE.  
MARQUETTE, MI 49855  
06/24/2002

Medical: 0001  
Notice: 0001

00001519  
SONYA JONES  
174 LAMBERT DRIVE  
MANASSAS PARK, VA 20111-1826  
06/24/2002

Property: 0002  
Notice: 0001

00001427  
ANNA GIBBS  
42 DOROTHY ROAD  
ARLINGTON, MA 02474-8860  
06/24/2002

Property: 0001  
Non-asbestos: 0001  
Notice: 0001

00001441  
KHUONG LUU  
655 STOCKTON ST #205  
SAN FRANCISCO, CA 94108  
06/24/2002

Medical: 0001  
Notice: 0001

00001465  
DOROTHY STRATTON  
1823 FORESTDALE DR  
ENCINITAS, CA 92024  
06/24/2002

Medical: 0003  
Notice: 0001

00001489  
EMILY BADGER  
1637 E VINE STREET, SUITE E  
KISSIMMEE, FL 34744  
06/24/2002

Property: 0001  
Notice: 0001

00001502  
STEVEN SIEGLER  
P.O. BOX 24597  
NEW ORLEANS, LA 70184-4597  
06/24/2002

Property: 0003  
Notice: 0002

00001526  
PEDRO MANUEL FERNANDEZ  
1408 BRICKELL BAY DR APT 1205  
MIAMI, FL 33131  
06/24/2002

Property: 0001  
Medical: 0001  
Notice: 0001

***W.R. Grace & Co. et al******Service list for requests from 06/12/2002 to 10/08/2002***

00001533  
JAY AND DOROTHY ELLIOTT  
816 OAKLAND DRIVE  
DEKALB, IL 60115-4953  
06/24/2002

Property: 0002  
Notice: 0001

00001540  
GREG CHALLINOR  
3825 LITTLE ROCK DR # 75  
ANTELOPE, CA 95843  
06/24/2002  
Medical: 0003  
Notice: 0001

00001557  
DAVID POWERS  
750 SIERRE VISTA #20  
PO BOX631  
LAS VEGAS, NV 89109  
06/24/2002

Property: 0001  
Medical: 0001  
Non-asbestos: 0001  
Notice: 0001

00001564  
DAVID POWERS  
750 SIERRE VISTA #20  
PO BOX631  
LAS VEGAS, NV 89109  
06/24/2002  
Notice: 0001

00001571  
MYLES NELSON  
2822 GOODFELLOW RD REGINA, SASKATCHEWAN  
2822 GOODFELLOW RD REGINA, SASKATCHEWAN  
NONE, NO 00000 CANADA

06/24/2002  
Medical: 0001  
Non-asbestos: 0001  
Notice: 0001

00001588  
NANCY SARGENT  
P.O. BOX 135038  
BIG BEAR LAKE, CA 92315  
06/24/2002  
Property: 0002  
Medical: 0003  
Non-asbestos: 0001  
Notice: 0003

00001595  
MICHAEL COURTNEY  
509 HART COVE,  
PINE BLUFF, AR 71602  
06/24/2002

Property: 0001  
Medical: 0001  
Non-asbestos: 0001  
Notice: 0001

00001601  
ALFRED LANGAN  
6444 C. 19TH ST. W.  
FIRCREST, WA 98466  
06/24/2002  
Property: 0001  
Medical: 0002  
Non-asbestos: 0001  
Notice: 0001

00001618  
JULIE KREBS PRESIDENT EMROSE DATA INC.  
25125 DETROIT ROAD, SUITE 140  
WESTLAKE, OH 44145-2500  
06/24/2002

Non-asbestos: 0001  
Notice: 0001

00001625  
ALFRED SAMBROOK  
85 ROSEWOOD STREET  
BOSTON, MA 02126-2025  
06/24/2002  
Property: 0002  
Medical: 0002  
Non-asbestos: 0002  
Notice: 0001

00001632  
ANGELA ANDERSON  
85 ROSEWOOD STREET  
BOSTON, MA 02126-2025  
06/24/2002

Property: 0002  
Medical: 0002  
Non-asbestos: 0002  
Notice: 0001

00001649  
SHARON BROWN  
85 ROSEWOOD STREET  
BOSTON, MA 02126-2025  
06/24/2002  
Property: 0002  
Medical: 0002  
Non-asbestos: 0002  
Notice: 0001